

PRINTED: 05/25/2017  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN0009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/23/2017
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, JOHNSON CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 3209 BRISTOL HWY JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-8-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure negative pressure was maintained in required areas.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on 5/23/17 between 9:00 AM and 9:40 AM revealed resident restrooms 401, 402, 404, 405 and 406 were not provided with negative air pressure.</p> <p>The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 5/23/17.</p>	N 848	<p>1. After communication from the surveyor the belt was repaired on the motor that provided negative pressure to rooms 401, 402, 404, 405, and 406. This was completed on 5/23/17. Subsequently the motor had to be replaced on 5/26/17.</p> <p>2. No other areas were identified during the survey process.</p> <p>3. Maintenance staff will be inserviced by 6/30/17 regarding negative air pressure system policies.</p> <p>4. Environmental Services director or designee will monitor negative air pressure system 3 times per week times 2 months and report findings to QA committee. QA committee will consist of Medical Director or designee, DON or designee, Administrator or Asst. Administrator, SW, Dietitian and other team members. After initial monitoring, QA may be reduced based on results</p>	7/6/17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6499

270521

If continuation sheet 1 of 1